

May 1, 1991 - Cancer Detection Center  
PROBLEMS TO BE ADDRESSED:

1. Construction of a clinic manual.
2. Develop a true unit record system IN THE CDC OFFICE.  
We should make copies of all that goes into the hospital records and include therein details of tests of stools for blood etc. This should do away with dependence on little red notebooks separate from the clinical center sheets.
3. Explore with Dr. Najarian the matter of developing colonoscopy within the Dept. of Surgery.
4. Explore the pattern of clientele from company groups, as exists now with Scher Lumber Co.
5. Arrange to get routine wet readings on chest films and mammograms to include in our record of each visit BEFORE THE PATIENT IN QUESTION LEAVES THE CENTER.
6. Print out of laboratory reports daily on our tied-in computer (CRT) also to have in hand before the patients depart.
7. Explore with Dr. Najarian the possibility of having the CDC designated a "MEDICAL PROVIDER" in the eyes of Medicaid and Medicare to enhance financial support.
8. Explore the feasibility of having our clinic physicians prepared to do pelvic exams and at least rigid proctoscopic exams. The Colon-rectal cancer study will be completed in another year. As noted in (3) above, this might be redeveloped to bring colonoscopy actively back into the Dept. of Surgery at the Univ. Hospital.
9. The CDC had to refrain to arrange for return visits on schedule for patients who had not paid their bills to CDC. Recently a patient delayed paying such a bill for many months, and, when it was finally paid, 18 months had passed since the prior visit. On return that patient was found to have a low cancer of the rectum with penetration of the muscular wall and lymph node involvement, even though it was a small lesion. Should we develop some such statement to put in the third follow-up statement as the following:  
"The CDC is interested in your health. PLEASE phone the CDC office at any time about any changes in your health. Our economic survival as a Detection Center necessitates that your bill be paid before re-scheduling can be arranged. We have recently had a patient who delayed payment until over six months from the proper time of the next return to CDC. Upon that return an early cancer had become non-curable. Do not let this happen to you".  
Perhaps we must devise a pattern of follow-up not dependent upon payment of bills, or some compromise between payment in full or partial payment with agreement to settle fully.

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10. Devise some method of development of legibility in our medical record keeping. We suffer from difficultly legible records. Perhaps a roster of all residents, fellows, and physicians over a period of 3 years at any time might at least help to recognize whom to ask what happened to individual patients.

11. In the Hemocult- Hemoquant study, we must have follow-up on all patients for the study to have significance.